

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000037186

1. Entity Name
BIG BEND MACHINE & TOOL CO.

Principal Place of Business U.S. 98 AT 5TH STREET CARABELLE FL 32322	Mailing Address U.S. 98 AT 5TH STREET CARABELLE FL 32322
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2. Principal Place of Business 444 MILL ROAD Suite, Apt. #, etc.	3. Mailing Address 444 MILL ROAD, P. O. BOX 871 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CARABELLE FL	City & State CARABELLE FL
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4. FEI Number 59-3505395	Applied For <input type="checkbox"/> Not Applicable
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Zip 32322	Country	Zip 32322	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BARFIELD GILBERT U.S. 98 AT 5TH STREET CARABELLE FL 32322	

7. Name and Address of New Registered Agent	
Name BARFIELD GILBERT	
Street Address (P.O. Box Number is Not Acceptable) 444 MILL ROAD, P. O. BOX 871	
City CARABELLE	FL Zip Code 32322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **04/28/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARFIELD BRENDA			NAME			
STREET ADDRESS	RIVER RD PO BOX 871			STREET ADDRESS			
CITY-ST-ZIP	CARRABELL FL 32322			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARFIELD GILBERT			NAME			
STREET ADDRESS	RIVER RD PO BOX 871			STREET ADDRESS			
CITY-ST-ZIP	CARRABELL FL 32322			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gilbert Barfield

04/28/2000